		FOR OHF USE					

LL1

2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0011528

Facility Name: MEADOW MANOR

Address: 800 Mc ADAM DRIVE (Number) TAYLORVILLE (City) 62568 (Zip Code)

County: CHRISTIAN

Telephone Number: (217) 824-2277 **Fax #** (217) 287-7763

IDPA ID Number: 370840530001

Date of Initial License for Current Owners: 1963

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: JERRY W. JENNINGS **Telephone Number:** (217) 787-8530

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 05/01/02 to 04/30/03 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) JERRY W. JENNINGS
(Title) CONTROLLER

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	A. General Services											
1	Dietary	86,705	10,296	4,973	101,974		101,974		101,974			1
2	Food Purchase		80,913		80,913		80,913	(2,504)	78,409			2
3	Housekeeping	33,401	10,929		44,330		44,330		44,330			3
4	Laundry	16,765	10,898		27,663		27,663		27,663			4
5	Heat and Other Utilities			56,745	56,745		56,745	(4,600)	52,145			5
6	Maintenance	29,815	21,610	33,402	84,827		84,827	1,052	85,879			6
7	Other (specify):*											7
8	**TOTAL General Services**	166,686	134,646	95,120	396,452		396,452	(6,052)	390,400			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	720,646	40,625	28,856	790,127	(2,326)	787,801	3,910	791,711			10
10a	Therapy	18,437	35		18,472		18,472		18,472			10a
11	Activities	26,012	2,625		28,637		28,637		28,637			11
12	Social Services	27,439		3,117	30,556		30,556		30,556			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	792,534	43,285	43,973	879,792	(2,326)	877,466	3,910	881,376			16
	C. General Administration											
17	Administrative	47,729		10,311	58,040	1,860	59,900	28,813	88,713			17
18	Directors Fees											18
19	Professional Services			65,994	65,994		65,994	(56,461)	9,533			19
20	Dues, Fees, Subscriptions & Promotions			6,425	6,425		6,425	(5,148)	1,277			20
21	Clerical & General Office Expenses	21,399	9,681	5,895	36,975		36,975	20,345	57,320			21
22	Employee Benefits & Payroll Taxes			160,705	160,705		160,705	12,822	173,527			22
23	Inservice Training & Education			904	904		904	735	1,639			23
24	Travel and Seminar			5,365	5,365	(3,861)	1,504	380	1,884			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			98,971	98,971		98,971	209	99,180			26
27	Other (specify):*			26,277	26,277		26,277	(26,277)				27
28	**TOTAL General Administration**	69,128	9,681	380,847	459,656	(2,001)	457,655	(24,582)	433,073			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,028,348	187,612	519,940	1,735,900	(4,327)	1,731,573	(26,724)	1,704,849			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 03/07/03

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)	48	2,640	1
2		Skilled Pediatric (SNF/PED)			2
3	97	Intermediate (ICF)	48	32,710	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	97	TOTALS	96	35,350	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	16,425	5,198		21,623	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,425	5,198		21,623	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.17%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1963

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified and days of care provided

Medicare Intermediary

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: 04/30/03 Fiscal Year: 04/30/03

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number MEADOW MANOR #0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			16,681	16,681		16,681	6,138	22,819			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			39,522	39,522		39,522	(686)	38,836			32
33	Real Estate Taxes			20,525	20,525		20,525		20,525			33
34	Rent-Facility & Grounds							3,571	3,571			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			76,728	76,728		76,728	9,023	85,751			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					4,327	4,327		4,327			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,025	53,025		53,025		53,025			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			53,025	53,025	4,327	57,352		57,352			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,028,348	187,612	649,693	1,865,653		1,865,653	(17,701)	1,847,952			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(665)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(4,600)	5		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	4,999	30		9
10	Interest and Other Investment Income	(686)	32		10
11	Discounts, Allowances, Rebates & Refunds	(1,418)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,734)	27		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(352)	20		17
18	Fines and Penalties	(22,842)	27		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(196)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(701)	27		24
25	Fund Raising, Advertising and Promotional	(4,663)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(149)	20		28
29	Other-Attach Schedule VENDING	(1,839)	2		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (35,846)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	18,145	Various	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 18,145		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (17,701)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule OXYGEN	X		4,327	10	45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$ 4,327		47

MEADOW MANOR

ID# 0011528

Report Period Beginning: 05/01/02

Ending: 04/30/03

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(665)	0	0	0	0	0	0	0	0	0	0	(665)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,600)	0	0	0	0	0	0	0	0	0	0	(4,600)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(5,265)	0	0	0	0	0	0	0	0	0	0	(5,265)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	171	0	0	0	0	0	0	0	0	0	171	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(196)	(57,371)	0	0	0	0	0	0	0	0	0	(57,567)	19
20	Fees, Subscriptions & Promotions	(5,164)	0	0	0	0	0	0	0	0	0	0	(5,164)	20
21	Clerical & General Office Expenses	(1,418)	0	0	0	0	0	0	0	0	0	0	(1,418)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	(171)	0	0	0	0	0	0	0	0	0	(171)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(26,277)	0	0	0	0	0	0	0	0	0	0	(26,277)	27
28	**TOTAL General Administration**	(33,055)	(57,371)	0	0	0	0	0	0	0	0	0	(90,426)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(38,320)	(57,371)	0	0	0	0	0	0	0	0	0	(95,691)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number MEADOW MANOR # 0011528 **Report Period Beginning:** 05/01/02 **Ending:** 04/30/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	4,999	0	0	0	0	0	0	0	0	0	0	4,999	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(686)	0	0	0	0	0	0	0	0	0	0	(686)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	4,313	0	0	0	0	0	0	0	0	0	0	4,313	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(34,007)	(57,371)	0	0	0	0	0	0	0	0	0	(91,378)	45

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
H. RAYMOND KLEIN	47.50	D'ADRIAN CONVALESCENT CENTER, INC	GODFREY	Nrsg Home Mngrs	SPRINGFIELD	MANAGEMENT
SAM KLEIN	47.50	HILLTOP NURSING HOME, INC	CHARLESTON	Meadow Manor West,	TAYLORVILLE	
IGNACIO DELVALLE	5.00	JACKSONVILLE CONVALESCENT CENTER, INC	JACKSONVILLE			
		MENARD CONVALESCENT CENTER, INC.	PETERSBURG			
		SUNRISE MANOR OF VIRDEN, INC.	VIRDEN			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	MANAGEMENT FEE	$ 63,013	NURSING HOME MANAGERS, INC.	95.00%	$	$ (63,013)	1
2	V	VAR	SEE ATTACHED SCHEDULE		NURSING HOME MANAGERS, INC.	95.00%	75,516	75,516	2
3	V	19	ACCOUNTING		NURSING HOME MANAGERS, INC.-DIRECT ALLOCATION	95.00%	5,642	5,642	3
4	V	24	TRAVEL	171	TO TRANSFER 31% OF HOME OFFICE TRAVEL			(171)	4
5	V	17	ADMINISTRATIVE TRAVEL		TO ADMINISTRATIVE PER DESK REVIEW		171	171	5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 63,184			$ 81,329	$ * 18,145	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1	H. RAYMOND KLEIN	OWNER	MANAGEMENT	47.50					$ 1,712	17 - 7	1
2											2
3											3
4			H. RAYMOND KLEIN WAS PAID BY NURSING HOME MANAGERS, INC.,								4
5			A RELATED ORGANIZATION. TOTAL COMPENSATION OF $10,010								5
6			WAS ALLOCATED AMONG THE SIX RELATED NURSING HOMES BASED								6
7			UPON 10 HOURS PER WEEK FOR H. RAYMOND KLEIN.								7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 1,712		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NURSING HOME MANAGERS, INC.
Street Address: 2653 WEST LAWRENCE - SUITE B
City / State / Zip Code: SPRINGFIELD, IL 62704
Phone Number: (217) 787-8530
Fax Number: (217) 787-9840

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		SEE ATTACHED SCHEDULES				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	STOCKHOLDERS	X		WORKING CAPITAL	INTEREST	06/26/00	289,726	909,726		6.0000	39,522	6
7												7
8												8
9	**TOTAL Facility Related**						$ 289,726	$ 909,726			$ 39,522	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	**TOTAL Non-Facility Related**						$	$			$	14
15	**TOTALS (line 9+line14)**						$ 289,726	$ 909,726			$ 39,522	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report.	$	25,923	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	19,442	2
3. Under or (over) accrual (line 2 minus line 1).	$	(6,481)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	27,006	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	20,525	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1998	27,993	8
1999	27,926	9
2000	28,443	10
2001	29,530	11
2002	29,786	12

DUE TO THE CLOSING OF MEADOW MANOR WEST ON 09/06/01 THE FOLLOWING ADJUSTMENTS WERE MADE

LINE 1: R.E. TAX ACCRUAL USED ON 2002 REPORT $32,823

LESS: TAX NOT APPLICABLE TO THIS YEAR <6,900> LINE 4: 16/12 OF $20,254 (SEE PAGE 25)

LINE 1 ADJUSTED $25,923

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME MEADOW MANOR COUNTY CHRISTIAN

FACILITY IDPH LICENSE NUMBER 0011528

CONTACT PERSON REGARDING THIS REPORT JERRY W. JENNINGS

TELEPHONE (217) 787-8530 FAX #: (217) 787-9840

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	17-13-23-402-002	MEADOW MANOR INC.	$ 29,785.94	$ 20,254.44
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 29,785.94	$ 20,254.44

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,061 B. General Construction Type: Exterior MASONRY Frame STEEL & WOOD Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred:
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization:
4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME	25,061	1963	$ 3,000	1
2	MM WEST NO LONGER USED	10,391	1984		2
3	TOTALS	35,452		$ 3,000	3

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	48		1963	1958	$ 226,688	$	25	$	$	$ 226,688	4
5	48			1967	289,148		30			289,148	5
6	CLOSED			1970	227,964		25			227,964	6
7											7
8											8
	Improvement Type**										
9	IMPROVEMENT			1979	5,775		15			5,775	9
10	IMPROVEMENT MM WEST			1980	1,810		VARIOUS			1,810	10
11	IMPROVEMENT			1980	5,207		VARIOUS			5,207	11
12	IMPROVEMENT			1981	635		10			635	12
13	IMPROVEMENT			1982	36,795		15			36,795	13
14	ROOF MM WEST			1984	3,000		15			3,000	14
15	IMPROVEMENT MM WEST			1984	15,420		15			15,420	15
16	IMPROVEMENT			1984	44,410	858	15		(858)	44,410	16
17	IMPROVEMENT			1986	13,401	697	15		(697)	13,401	17
18	IMPROVEMENT MM WEST			1985	2,016		15			2,016	18
19	BOILER MM WEST			1986	966		15			962	19
20	ROOF MM WEST			1987	1,878		15			1,812	20
21	AIR CONDITIONER			1987	3,749	160	15		(160)	3,749	21
22	IMPROVEMENT			1987	6,721	213	15	150	(63)	6,721	22
23	IMPROVEMENT			1987	2,539	81	15	169	88	2,029	23
24	IMPROVEMENT MM WEST			1988	3,588		15			2,490	24
25	SPRINKLER			1989	890	28	15	59	31	709	25
26	IMPROVEMENT			1989	16,132	512	15	1,076	564	14,517	26
27	IMPROVEMENT			1990	4,004	127	15	267	140	3,204	27
28	IMPROVEMENT MM WEST			1989	12,205		15			9,699	28
29	IMPROVEMENT MM WEST			1989	842		15			583	29
30	IMPROVEMENT			1990	22,907	727	VARIOUS	987	260	12,020	30
31	IMPROVEMENT MM WEST			1990	24,924		VARIOUS			14,410	31
32	IMPROVEMENT			1993	2,576	82	15	172	90	1,806	32
33	IMPROVEMENT MM WEST			1993	3,604		15			2,140	33
34	IMPROVEMENT			1994	1,475	47	15	98	51	931	34
35	IMPROVEMENT			1995	42,600	1,092	20	2,130	1,038	18,105	35
36	IMPROVEMENT MM WEST			1995	2,471		15			1,141	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	AIR CONDITIONER	1996	$ 6,844	$ 175	15	$ 456	$ 281	$ 3,420	37
38	SMOKE DETECTORS	1996	981	25	15	65	40	491	38
39	SINKS & FAUCETS	1996	2,698	69	15	180	111	1,350	39
40	WINDOWS	1996	3,859	99	15	257	158	1,928	40
41	FIRE DOORS	1996	784	20	15	52	32	390	41
42	AIR CONDITIONER MM WEST	1997	7,569		15			1,977	42
43	NEW DOOR FRAMES	1997	10,035	257	15	669	412	3,679	43
44	SPRINKLER REPAIRS	1997	1,127	29	15	75	46	413	44
45	FIRE DOORS	1998	808	21	15	54	33	243	45
46	AIR CONDITIONER	1998	1,820	47	15	121	74	545	46
47	FIRE ALARM SYSTEM	1999	8,250	212	20	413	201	1,858	47
48	BACKFLOW VALVE MM WEST	2000	1,999		15			200	48
49	WATER HEATER	2000	3,813	98	15	254	156	847	49
50	BACKFLOW VALVE	2000	3,998	103	15	267	164	823	50
51	AIR CONDITIONER	1999	2,985	77	15	199	122	779	51
52	DOORS	2001	4,450	114	15	297	183	619	52
53	5 TON AIR CONDITIONER	2001	1,613	41	10	161	120	295	53
54	ROOFTOP A/C & HEAT	2001	3,165	81	15	211	130	334	54
55	MEADOW MANOR WEST BLDG CLOSED 09/06/01	2001	(310,256)					(285,624)	55
56	2 ROOMS & BATHROOMS RENOVATED FOR MEDICARE	2002	56,051	540	20	1,168	628	1,168	56
57	ROOFTOP A/C & HEAT	2002	3,396	40	10	170	130	170	57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 842,329	$ 6,672		$ 10,177	$ 3,505	$ 705,202	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 119,528	$ 8,309	$ 11,169	$ 2,860	VARIOUS	$ 75,568	71
72	Current Year Purchases	11,896	1,700	334	(1,366)	VARIOUS	334	72
73	Fully Depreciated Assets	310,756				VARIOUS	310,756	73
74	Assets No Longer in Service(Includes MMWest)	(160,147)					(160,147)	74
75	TOTALS	$ 282,033	$ 10,009	$ 11,503	$ 1,494		$ 226,511	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 1,127,362	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 16,681	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 21,680	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 4,999	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 931,713	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
    Beginning ____
    Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ ____ Description: ____
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): OXYGEN	39 - 8					4,327		4,327	13
14	TOTAL			$		$	$ 4,327		$ 4,327	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number MEADOW MANOR **#** 0011528 **Report Period Beginning:** 05/01/02 **Ending:** 04/30/03

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 04/30/03 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 6,540	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	386,872		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,758		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	30,741		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 431,911	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,000		13
14	Buildings, at Historical Cost	842,329		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	346,315		16
17	Accumulated Depreciation (book methods)	(989,584)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 202,060	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 633,971	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 151,270	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,258		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,463		31
32	Accrued Real Estate Taxes(Sch.IX-B)	27,006		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 217,997	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	909,726		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 909,726	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,127,723	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (493,752)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 633,971	$	48

***(See instructions.)**

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (147,640)	1
2	Restatements (describe):		2
3	REMOVE MEADOW MANOR WEST EQUITY FROM	(71,066)	3
4	LAST YEARS COMBINED EQUITY		4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (218,706)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(275,046)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (275,046)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (493,752)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 1,575,322	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,575,322	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	4,327	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 4,327	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	665	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	4,600	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	1,750	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 7,015	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	686	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 686	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	VENDING $1,839 W/A $74	1,913	28
28a	ADMIT FEE $825 OLD CHECKS $519	1,344	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 3,257	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 1,590,607	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	396,452	31
32	Health Care	879,792	32
33	General Administration	459,656	33
	B. Capital Expense		
34	Ownership	76,728	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee	53,025	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 1,865,653	40
41	**Income before Income Taxes (line 30 minus line 40)****	(275,046)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (275,046)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,000	2,080	$ 41,160	$ 19.79	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,942	4,030	72,003	17.87	3
4	Licensed Practical Nurses	13,278	14,218	189,198	13.31	4
5	Nurse Aides & Orderlies	42,325	43,553	418,285	9.60	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,748	1,873	18,437	9.84	8
9	Activity Director	1,972	2,124	14,534	6.84	9
10	Activity Assistants	1,797	1,864	11,478	6.16	10
11	Social Service Workers	2,023	2,088	27,439	13.14	11
12	Dietician					12
13	Food Service Supervisor	1,899	2,304	23,024	9.99	13
14	Head Cook					14
15	Cook Helpers/Assistants	9,641	9,779	63,681	6.51	15
16	Dishwashers					16
17	Maintenance Workers	3,659	3,836	29,815	7.77	17
18	Housekeepers	5,355	5,494	33,401	6.08	18
19	Laundry	2,852	2,912	16,765	5.76	19
20	Administrator	2,000	2,080	47,729	22.95	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,394	2,527	21,399	8.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	96,885	100,762	$ 1,028,348 *	$ 10.21	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	196	$ 4,973	1 - 3	35
36	Medical Director	120	12,000	9 - 3	36
37	Medical Records Consultant	18	544	10 - 3	37
38	Nurse Consultant	639	26,712	10 - 3	38
39	Pharmacist Consultant	64	1,600	10 - 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	54	3,117	12 - 3	45
46	Other(specify)				46
47	ADMINISTRATIVE CONSULTANT	336	10,311	17 - 3	47
48					48
49	TOTAL (lines 35 - 48)	1,426	$ 59,257		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	0	$ 0		53

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
RONALD DALLSTREAM	ADMINISTRATOR	0	$ 47,729
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 47,729

B. Administrative - Other

Description	Amount
ADMINISTRATIVE CONSULTANT	$ 10,311
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 10,311

C. Professional Services

Vendor/Payee	Type	Amount
CAREGIVER MGMT SYSTEMS	MEDICARE APPLICATIO	$ 2,500
NURSING HOME MANAGERS	MANAGEMENT FEE	63,013
Feldman,Wasser,Draper&Benson	LEGAL	196
C S C	CORP. REPRESENTATION	285
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 65,994

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 45,632
Unemployment Compensation Insurance	9,599
FICA Taxes	77,718
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
CAFETERIA PLAN	21,507
EMPLOYEE LIFE INSURANCE	2,584
HBV VACCINE	1,319
DRUG TESTING	40
GIFT CERTIFICATES	1,200
EMPLOYEE APPRECIATION & PARTY	1,106
NHM ALLOCATION	12,822
TOTAL (agree to Schedule V, line 22, col.8)	$ 173,527

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
HBV VACCINE	22	$ 1,319
GIFT CERTIFICATES	22	1,200
EMPLOYEE PARTY & APPREC	22	1,106
TOTAL		$ 3,625

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	431
Health Care Worker Background Check	432
(Indicate # of checks performed 36)	
SEE ATTACHED SCHEDULE	5,362
NHM ALLOCATION	16
Less: Non-allowable Dues	(352)
Less: Public Relations Expense	(4,663)
Non-allowable advertising	( )
Yellow page advertising	(149)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 1,277

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
ADMINISTRATOR MILEAGE REIMB.	631
MISCELLANEOUS MILEAGE REIMB.	873
NHM ALLOCATION	380
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,884

**See instructions.

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	PAINTING	VARIOUS	$ 4,140	3 YRS	$	$	$	$	$	$	$	$	$
2	PAINTING	VARIOUS	2,260	3 YRS									
3	PAINTING	VARIOUS	2,090	3 YRS									
4	PAINTING	VARIOUS	1,690	3 YRS									
5	PAINT & WALLPAPER	VARIOUS	4,650	3 YRS									
6	PAINT & WALLPAPER	VARIOUS	3,255	3 YRS									
7	PAINT & WALLPAPER	10/95	3,414	3 YRS									
8	PAINT & WALLPAPER	5/96 - 4/97	5,617	3 YRS	937								
9	PAINT & WALLPAPER	5/97 - 4/98	2,685	3 YRS	895	447							
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 29,801		$ 1,832	$ 447	$	$	$	$	$	$	$

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/02 Ending: 04/30/03

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **NO**
If YES, give association name and amount.

(3) Did the nursing home make political contributions or payments to a political action organization? **NO** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **14 YEARS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **809** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **53,025**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **YES** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **YES** Indicate the amount. $ **665**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $ **0**

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

DUE TO THE CLOSING OF THE MEADOW MANOR WEST BUILDING (SEPTEMBER 6, 2001)
WE ARE NO LONGER COMBINING MEADOW MANOR AND MEADOW MANOR WEST ON COST REPORTS.
ADJUSTMENTS TO DEPRECIATION, REAL ESTATE TAXES, BALANCE SHEET & ETC. HAVE BEEN NOTED
ON THE COST REPORT WERE APPLICABLE.

PAGE 2 - SCHEDULE III - SECTION A - COLUMN 4
LICENSED BED DAYS DURING REPORT PERIOD

TOTAL SKILLED BEDS		
48 BEDS X 55 DAYS =		2640
TOTAL INTERMEDIATE BEDS		
97 BEDS X 310 DAYS =	30,070	
48 BEDS X 55 DAYS =	2,640	
		32,710
TOTAL BED DAYS AVAILABLE		35,350

PAGES 3 & 4 - SCHEDULE V

LINE 27 - OTHER GENERAL ADMINISTRATION

FINES & PENALTIES	$	22,842
BAD DEBTS		701
SALES TAX		2,734
LINE 27 - COLUMN 3	$	26,277

COLUMN 5 - DETAIL OF RECLASSIFICATIONS

		AMOUNT	LINE #
FROM: OXYGEN	$	(4,327)	10
TO: ANCILLARY SERVICES	$	4,327	39
TO: ADMINISTRATIVE CONS. MILEAGE	$	1,860	17
NURSE CONSULTANT MILEAGE		2,001	10
FROM: TRAVEL	$	(3,861)	24

PAGE 10A - SECTION B
2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

MEADOW MANOR PORTION: ALLOWABLE	
68% OF THE $29,785.94 TAX BILL =	$ 20,254.44
MEADOW MANOR WEST PORTION: NON-ALLOWABLE	
32% OF THE $29,785.94 TAX BILL=	$ 9,531.50
TOTAL TAX BILL	$ 29,785.94

PAGE 13 - SCHEDULE XI - SECTION E
RECONCILIATION OF DEPRECIATION

SCHEDULE XI - SECTION E - LINE 83	$ 21,680
NURSING HOME MANAGERS ALLOCATION	1,139
SCHEDULE V - LINE 30 - COLUMN 8	$ 22,819

PAGE 23 - SCHEDULE XX - QUESTION 12

SALARY COSTS ARE ALLOCATED TO DEPARTMENTS BASED UPON HOURS WORKED PER TIME CARDS.

PAGE 19 - SCHEDULE XVII
RECONCILIATION OF INCOME

LINE 43 - NET INCOME	$ (275,046)
* MANAGEMENT FEE 4/02	(4,754)
* MANAGEMENT FEE 4/03	5,510
INTEREST INCOME	(686)
RENTAL INCOME	(4,600)
TAXABLE INCOME	$ (279,576)

* RELATED PARTY ACCOUNTS PAYABLE NOT ALLO
PURPOSES ARE INCLUDED HERE FOR CONSISTEN
PRIOR YEAR COST REPORTS AND TO CONFORM W
ACCOUNTING METHODS.

PAGE 21 - SCHEDULE XIX - SECTION F
DUES, FEES, SUBSCRIPTIONS, AND PROMOTIONS

YELLOW PAGES	$ 149
PUBLIC RELATIONS	4,663
OPTIMIST CLUB DUES	60
FRANCHISE FEES	198
CHAMBER OF COMMERCE	292
	$ 5,362

)WED FOR TAX
NCY WITH
VITH ACCRUAL

CENTRAL OFFICE COST ALLOCATION
MEADOW MANOR
2002

	MAY 02	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN 03	FEB	MARCH	APRIL	2002 TOTAL	LINE #
SALARIES-ADMIN	$2,018	$2,113	$2,078	$2,117	$2,127	$2,182	$2,176	$2,313	$2,356	$2,414	$2,494	$2,542	$26,930	17
SALARIES-CLERIC	1,354	1,418	1,395	1,531	1,538	1,578	1,574	1,673	1,718	1,761	1,819	1,854	19,213	21
SALARIES-ACTIV	0	0	0	0	0	0	0	0	0	0	0	0	0	
SALARIES-NURSE	426	446	438	157	158	162	162	172	429	440	455	463	3,910	10
ACCOUNTING	51	54	53	57	57	58	58	62	158	162	167	170	1,106	19
WORK COMP INS	12	12	12	21	21	21	21	23	29	30	31	31	264	22
SUPPLIES	71	74	73	128	128	132	131	140	126	129	133	136	1,401	21
TELEPHONE	62	65	63	85	85	87	87	92	126	129	133	136	1,149	21
EMPL BENEFITS	581	608	598	794	798	819	817	868	696	713	737	751	8,780	22
PAYROLL TAXES	267	279	275	264	266	273	272	289	383	392	405	413	3,778	22
TRAVEL	42	44	43	33	34	34	34	37	60	62	64	65	551	24
IN SERVICE	25	26	25	82	82	85	84	90	57	58	60	61	735	23
MEDICAL CONSULT	0	0	0	0	0	0	0	0	0	0	0	0	0	
MACHINE RENTAL	14	14	14	15	15	16	16	17	46	47	49	50	312	6
OWNERS COMP	123	129	127	136	137	140	140	149	151	155	160	163	1,712	17
INS-PROP,LIAB,WC	30	31	31	7	7	7	7	8	19	20	20	21	209	26
DEPRECIATION	101	106	104	67	68	69	69	74	116	118	122	125	1,139	30
RENT	260	273	268	280	281	288	288	306	319	327	338	344	3,571	34
MAINTENANCE	59	62	61	62	62	64	64	68	57	59	61	62	740	6
FEES & PUBLICAT	0	0	0	0	0	0	0	0	0	0	0	0	0	20
ADVERTISING	0	0	0	3	3	3	3	3	0	0	0	0	16	20
	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	$5,495	5,755	$5,659	$5,839	$5,868	$6,019	$6,003	$6,382	$6,845	$7,015	$7,248	$7,387	75,516	
FIXED ASSETS		0											75,516	
EQUIP - PRIOR	8,558	8,964	8,815	9,198	9,243	9,481	9,455	10,053	11,451	11,736	8,030	8,184	9,431	
EQUIP - CURR	0	0	814	850	854	876	873	929	0	0	3,449	3,515	1,013	
EQUIP - FULLY DEP	2,858	2,993	2,943	3,071	3,086	3,166	3,157	3,357	3,500	3,587	3,706	3,777	3,267	
BLDG - PRIOR	1,007	1,054	1,037	1,082	1,087	1,115	1,112	1,182	1,233	1,264	1,306	1,331	1,151	
BLDG - CURR	0	0	0	0	0	0	0	0	0	0	0	0	0	
BLDG - FULLY DEP	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0												

MONTHLY COST ALLOCATIONS
MEADOW MANOR # 0011528 PAGE 27 05/01/02 TO 04/30/03

NURSING HOME MANAGERS
COST ALLOCATION
MAY 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	16.49%	12.92%	20.98%	14.97%	13.85%	20.79%	100.00%
SALARIES-ADMIN	$2,222	$1,742	$2,828	$2,018	$1,868	$2,803	$13,480
SALARIES-CLERIC	1,492	1,169	1,898	1,354	1,254	1,881	$9,048
SALARIES-ACTIV	0	0	0	0	0	0	$0
SALARIES-NURSE	469	368	597	426	394	591	$2,844
ACCOUNTING	56	44	72	51	47	71	$342
WORK COMP INS	13	10	17	12	11	17	$80
SUPPLIES	78	61	100	71	66	99	$475
TELEPHONE	68	53	86	62	57	86	$412
EMPL BENEFITS	640	501	814	581	538	807	$3,881
PAYROLL TAXES	294	230	374	267	247	371	$1,782
TRAVEL	46	36	59	42	39	58	$280
IN SERVICE	27	21	34	25	23	34	$164
MEDICAL CONSULT	0	0	0	0	0	0	$0
MACHINE RENTAL	15	12	19	14	13	19	$91
OWNERS COMP	136	107	173	123	114	172	$825
INS-PROP,LIAB,WC	33	26	42	30	28	42	$200
DEPRECIATION	111	87	141	101	93	140	$673
RENT	287	225	365	260	241	362	$1,739
MAINTENANCE	65	51	83	59	55	82	$395
FEES & PUBLIC	0	0	0	0	0	0	$0
ADVERTISING	0	0	0	0	0	0	$0
	0	0	0	0	0	0	$0
TOTAL	$6,053	$4,744	$7,700	$5,495	$5,086	$7,634	$36,712
FIXED ASSETS							
EQUIP - PRIOR	9,427	7,389	11,994	8,558	7,922	11,890	57,179
EQUIP - CURR	0	0	0	0	0	0	0
EQUIP - FULLY DEP	3,148	2,467	4,005	2,858	2,645	3,970	19,092
BLDG - PRIOR	1,109	869	1,411	1,007	932	1,398	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
JUNE 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	16.01%	13.36%	20.56%	15.68%	13.53%	20.87%	100.00%
SALARIES-ADMIN	$2,158	$1,801	$2,772	$2,113	$1,824	$2,813	$13,480
SALARIES-CLERIC	1,448	1,209	1,861	1,418	1,224	1,888	9,048
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	455	380	585	446	385	594	2,844
ACCOUNTING	55	46	70	54	46	71	342
WORK COMP INS	13	11	16	12	11	17	80
SUPPLIES	76	63	98	74	64	99	475
TELEPHONE	66	55	85	65	56	86	412
EMPL BENEFITS	621	518	798	608	525	810	3,881
PAYROLL TAXES	285	238	367	279	241	372	1,782
TRAVEL	45	37	58	44	38	58	280
IN SERVICE	26	22	34	26	22	34	164
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	15	12	19	14	12	19	91
OWNERS COMP	132	110	170	129	112	172	825
INS-PROP,LIAB,WC	32	27	41	31	27	42	200
DEPRECIATION	108	90	138	106	91	140	673
RENT	278	232	358	273	235	363	1,739
MAINTENANCE	63	53	81	62	53	82	395
FEES & PUBLIC	0	0	0	0	0	0	0
ADVERTISING	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL	$5,876	$4,904	$7,549	$5,755	$4,966	$7,661	$36,712
FIXED ASSETS							
EQUIP - PRIOR	9,153	7,638	11,758	8,964	7,735	11,931	57,179
EQUIP - CURR	0	0	0	0	0	0	0
EQUIP - FULLY DEP	3,056	2,550	3,926	2,993	2,583	3,984	19,092
BLDG - PRIOR	1,076	898	1,383	1,054	910	1,403	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
JULY 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	14.75%	14.18%	20.68%	15.42%	14.22%	20.76%	100.00%
SALARIES-ADMIN	$1,988	$1,911	$2,787	$2,078	$1,917	$2,798	$13,480
SALARIES-CLERIC	1,334	1,283	1,871	1,395	1,287	1,878	9,048
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	420	403	588	438	405	590	2,844
ACCOUNTING	50	48	71	53	49	71	342
WORK COMP INS	12	11	16	12	11	17	80
SUPPLIES	70	67	98	73	68	99	475
TELEPHONE	61	58	85	63	59	85	412
EMPL BENEFITS	572	550	802	598	552	805	3,881
PAYROLL TAXES	263	253	369	275	253	370	1,782
TRAVEL	41	40	58	43	40	58	280
IN SERVICE	24	23	34	25	23	34	164
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	13	13	19	14	13	19	91
OWNERS COMP	122	117	171	127	117	171	825
INS-PROP,LIAB,WC	30	28	41	31	28	42	200
DEPRECIATION	99	95	139	104	96	140	673
RENT	257	247	360	268	247	361	1,739
MAINTENANCE	58	56	82	61	56	82	395
FEES & PUBLIC	0	0	0	0	0	0	0
ADVERTISING	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL	$5,415	$5,205	$7,591	$5,659	$5,222	$7,620	$36,712
FIXED ASSETS							
EQUIP - PRIOR	8,433	8,108	11,823	8,815	8,133	11,868	57,179
EQUIP - CURR	779	749	1,092	814	751	1,096	5,281
EQUIP - FULLY DEP	2,816	2,707	3,948	2,943	2,715	3,963	19,092
BLDG - PRIOR	992	954	1,391	1,037	957	1,396	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
AUGUST 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	14.05%	13.99%	22.07%	16.09%	12.99%	20.82%	100.00%
SALARIES-ADMIN	$1,849	$1,840	$2,904	$2,117	$1,709	$2,739	$13,158
SALARIES-CLERIC	1,337	1,331	2,100	1,531	1,236	1,981	9,517
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	137	137	216	157	127	204	978
ACCOUNTING	49	49	78	57	46	73	352
WORK COMP INS	18	18	28	21	17	27	128
SUPPLIES	111	111	175	128	103	165	794
TELEPHONE	74	73	116	85	68	109	525
EMPL BENEFITS	694	691	1,090	794	641	1,028	4,938
PAYROLL TAXES	231	230	363	264	213	342	1,644
TRAVEL	29	29	46	33	27	43	208
IN SERVICE	72	71	113	82	66	106	510
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	13	13	21	15	12	20	95
OWNERS COMP	119	118	187	136	110	176	847
INS-PROP,LIAB,WC	6	6	10	7	6	9	45
DEPRECIATION	59	59	92	67	54	87	419
RENT	244	243	384	280	226	362	1,739
MAINTENANCE	54	54	85	62	50	80	385
FEES & PUBLIC	0	0	0	0	0	0	0
ADVERTISING	3	3	4	3	2	4	19
	0	0	0	0	0	0	0
TOTAL	$5,100	$5,077	$8,012	$5,839	$4,714	$7,558	$36,300
FIXED ASSETS							
EQUIP - PRIOR	8,033	7,998	12,620	9,198	7,426	11,905	57,179
EQUIP - CURR	742	739	1,166	850	686	1,100	5,281
EQUIP - FULLY DEP	2,682	2,670	4,214	3,071	2,479	3,975	19,092
BLDG - PRIOR	945	941	1,484	1,082	873	1,400	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
SEPTEMBER 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	13.70%	14.53%	21.89%	16.16%	13.00%	20.71%	100.00%
SALARIES-ADMIN	$1,803	$1,912	$2,881	$2,127	$1,710	$2,725	$13,158
SALARIES-CLERIC	1,304	1,383	2,084	1,538	1,237	1,971	9,517
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	134	142	214	158	127	203	978
ACCOUNTING	48	51	77	57	46	73	352
WORK COMP INS	18	19	28	21	17	27	128
SUPPLIES	109	115	174	128	103	164	794
TELEPHONE	72	76	115	85	68	109	525
EMPL BENEFITS	677	718	1,081	798	642	1,023	4,938
PAYROLL TAXES	225	239	360	266	214	340	1,644
TRAVEL	28	30	45	34	27	43	208
IN SERVICE	70	74	112	82	66	106	510
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	13	14	21	15	12	20	95
OWNERS COMP	116	123	185	137	110	175	847
INS-PROP,LIAB,WC	6	7	10	7	6	9	45
DEPRECIATION	57	61	92	68	54	87	419
RENT	238	253	381	281	226	360	1,739
MAINTENANCE	53	56	84	62	50	80	385
FEES & PUBLIC	0	0	0	0	0	0	0
ADVERTISING	3	3	4	3	2	4	19
	0	0	0	0	0	0	0
TOTAL	$4,975	$5,275	$7,947	$5,868	$4,718	$7,517	$36,300
FIXED ASSETS							
EQUIP - PRIOR	7,836	8,309	12,518	9,243	7,432	11,841	57,179
EQUIP - CURR	724	767	1,156	854	686	1,094	5,281
EQUIP - FULLY DEP	2,617	2,774	4,180	3,086	2,482	3,954	19,092
BLDG - PRIOR	922	977	1,472	1,087	874	1,393	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
OCTOBER 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	12.95%	15.00%	21.53%	16.58%	13.53%	20.41%	100.00%
SALARIES-ADMIN	$1,704	$1,973	$2,833	$2,182	$1,780	$2,685	$13,158
SALARIES-CLERIC	1,233	1,427	2,049	1,578	1,288	1,942	9,517
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	127	147	211	162	132	200	978
ACCOUNTING	46	53	76	58	48	72	352
WORK COMP INS	17	19	28	21	17	26	128
SUPPLIES	103	119	171	132	107	162	794
TELEPHONE	68	79	113	87	71	107	525
EMPL BENEFITS	640	741	1,063	819	668	1,008	4,938
PAYROLL TAXES	213	247	354	273	222	335	1,644
TRAVEL	27	31	45	34	28	42	208
IN SERVICE	66	76	110	85	69	104	510
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	12	14	20	16	13	19	95
OWNERS COMP	110	127	182	140	115	173	847
INS-PROP,LIAB,WC	6	7	10	7	6	9	45
DEPRECIATION	54	63	90	69	57	86	419
RENT	225	261	374	288	235	355	1,739
MAINTENANCE	50	58	83	64	52	78	385
FEES & PUBLIC	0	0	0	0	0	0	0
ADVERTISING	2	3	4	3	3	4	19
	0	0	0	0	0	0	0
TOTAL	$4,702	$5,444	$7,815	$6,019	$4,912	$7,408	$36,300
FIXED ASSETS							
EQUIP - PRIOR	7,407	8,575	12,310	9,481	7,737	11,669	57,179
EQUIP - CURR	684	792	1,137	876	715	1,078	5,281
EQUIP - FULLY DEP	2,473	2,863	4,110	3,166	2,583	3,896	19,092
BLDG - PRIOR	871	1,008	1,448	1,115	910	1,372	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
NOVEMBER 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	12.31%	15.51%	22.10%	16.54%	13.40%	20.14%	100.00%
SALARIES-ADMIN	$1,619	$2,041	$2,908	$2,176	$1,763	$2,650	$13,158
SALARIES-CLERIC	1,171	1,476	2,104	1,574	1,275	1,917	9,517
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	120	152	216	162	131	197	978
ACCOUNTING	43	55	78	58	47	71	352
WORK COMP INS	16	20	28	21	17	26	128
SUPPLIES	98	123	175	131	106	160	794
TELEPHONE	65	82	116	87	70	106	525
EMPL BENEFITS	608	766	1,092	817	662	995	4,938
PAYROLL TAXES	202	255	363	272	220	331	1,644
TRAVEL	26	32	46	34	28	42	208
IN SERVICE	63	79	113	84	68	103	510
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	12	15	21	16	13	19	95
OWNERS COMP	104	131	187	140	113	171	847
INS-PROP,LIAB,WC	6	7	10	7	6	9	45
DEPRECIATION	52	65	93	69	56	84	419
RENT	214	270	384	288	233	350	1,739
MAINTENANCE	47	60	85	64	52	77	385
FEES & PUBLIC	0	0	0	0	0	0	0
ADVERTISING	2	3	4	3	3	4	19
	0	0	0	0	0	0	0
TOTAL	$4,468	$5,632	$8,024	$6,003	$4,864	$7,311	$36,300
FIXED ASSETS							
EQUIP - PRIOR	7,037	8,871	12,639	9,455	7,662	11,515	57,179
EQUIP - CURR	650	819	1,167	873	708	1,064	5,281
EQUIP - FULLY DEP	2,350	2,962	4,220	3,157	2,558	3,845	19,092
BLDG - PRIOR	828	1,043	1,486	1,112	901	1,354	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
DECEMBER 2002

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	4.42%	17.00%	23.85%	17.58%	14.54%	22.61%	100.00%
SALARIES-ADMIN	$582	$2,237	$3,138	$2,313	$1,913	$2,975	$13,158
SALARIES-CLERIC	421	1,618	2,269	1,673	1,384	2,151	9,517
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	43	166	233	172	142	221	978
ACCOUNTING	16	60	84	62	51	80	352
WORK COMP INS	6	22	31	23	19	29	128
SUPPLIES	35	135	189	140	115	179	794
TELEPHONE	23	89	125	92	76	119	525
EMPL BENEFITS	218	840	1,178	868	718	1,116	4,938
PAYROLL TAXES	73	279	392	289	239	372	1,644
TRAVEL	9	35	50	37	30	47	208
IN SERVICE	23	87	122	90	74	115	510
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	4	16	23	17	14	21	95
OWNERS COMP	37	144	202	149	123	191	847
INS-PROP,LIAB,WC	2	8	11	8	7	10	45
DEPRECIATION	19	71	100	74	61	95	419
RENT	77	296	415	306	253	393	1,739
MAINTENANCE	17	65	92	68	56	87	385
FEES & PUBLIC	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
JANUARY 2003

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	$0	$0	$0	$0	$0	$0	$1
SALARIES-ADMIN	$0	$2,331	$3,344	$2,356	$1,857	$2,961	$12,848
SALARIES-CLERIC	$0	$1,700	$2,439	$1,718	$1,354	$2,160	$9,370
SALARIES-ACTIV	$0	$0	$0	$0	$0	$0	$0
SALARIES-NURSE	$0	$425	$610	$429	$339	$540	$2,343
ACCOUNTING	$0	$156	$224	$158	$124	$198	$861
WORK COMP INS	$0	$29	$41	$29	$23	$36	$158
SUPPLIES	$0	$124	$179	$126	$99	$158	$686
TELEPHONE	$0	$124	$179	$126	$99	$158	$686
EMPL BENEFITS	$0	$688	$988	$696	$548	$875	$3,795
PAYROLL TAXES	$0	$379	$543	$383	$302	$481	$2,087
TRAVEL	$0	$59	$85	$60	$47	$76	$328
IN SERVICE	$0	$56	$81	$57	$45	$71	$310
MEDICAL CONSULT	$0	$0	$0	$0	$0	$0	$0
MACHINE RENTAL	$0	$46	$65	$46	$36	$58	$251
OWNERS COMP	$0	$150	$215	$151	$119	$190	$825
INS-PROP,LIAB,WC	$0	$19	$27	$19	$15	$24	$104
DEPRECIATION	$0	$114	$164	$116	$91	$145	$631
RENT	$0	$315	$453	$319	$251	$401	$1,739
MAINTENANCE	$0	$57	$82	$57	$45	$72	$313
FEES & PUBLIC	$0	$0	$0	$0	$0	$0	$0
ADVERTISING	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0
TOTAL	$0	$6,772	$9,717	$6,845	$5,395	$8,605	$37,335
FIXED ASSETS							
EQUIP - PRIOR	$0	$11,330	$16,257	$11,451	$9,026	$14,396	$62,460
EQUIP - CURR	$0	$0	$0	$0	$0	$0	$0
EQUIP - FULLY DEP	$0	$3,463	$4,969	$3,500	$2,759	$4,400	$19,092
BLDG - PRIOR	$0	$1,220	$1,750	$1,233	$972	$1,550	$6,725
BLDG - CURR	$0	$0	$0	$0	$0	$0	$0
BLDG - FULLY DEP	$0	$0	$0	$0	$0	$0	$0

NURSING HOME MANAGERS
COST ALLOCATION
FEBRUARY 2003

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	$0	$0	$0	$0	$0	$0	$1
SALARIES-ADMIN	$0	$2,389	$3,358	$2,414	$1,725	$2,962	$12,848
SALARIES-CLERIC	$0	$1,742	$2,449	$1,761	$1,258	$2,160	$9,370
SALARIES-ACTIV	$0	$0	$0	$0	$0	$0	$0
SALARIES-NURSE	$0	$436	$612	$440	$315	$540	$2,343
ACCOUNTING	$0	$160	$225	$162	$116	$198	$861
WORK COMP INS	$0	$29	$41	$30	$21	$36	$158
SUPPLIES	$0	$128	$179	$129	$92	$158	$686
TELEPHONE	$0	$128	$179	$129	$92	$158	$686
EMPL BENEFITS	$0	$706	$992	$713	$510	$875	$3,795
PAYROLL TAXES	$0	$388	$545	$392	$280	$481	$2,087
TRAVEL	$0	$61	$86	$62	$44	$76	$328
IN SERVICE	$0	$58	$81	$58	$42	$71	$310
MEDICAL CONSULT	$0	$0	$0	$0	$0	$0	$0
MACHINE RENTAL	$0	$47	$66	$47	$34	$58	$251
OWNERS COMP	$0	$153	$216	$155	$111	$190	$825
INS-PROP,LIAB,WC	$0	$19	$27	$20	$14	$24	$104
DEPRECIATION	$0	$117	$165	$118	$85	$145	$631
RENT	$0	$323	$454	$327	$234	$401	$1,739
MAINTENANCE	$0	$58	$82	$59	$42	$72	$313
FEES & PUBLIC	$0	$0	$0	$0	$0	$0	$0
ADVERTISING	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0
TOTAL	$0	$6,942	$9,757	$7,015	$5,014	$8,607	$37,335
FIXED ASSETS							
EQUIP - PRIOR	$0	$11,614	$16,322	$11,736	$8,388	$14,400	$62,460
EQUIP - CURR	$0	$0	$0	$0	$0	$0	$0
EQUIP - FULLY DEP	$0	$3,550	$4,989	$3,587	$2,564	$4,402	$19,092
BLDG - PRIOR	$0	$1,250	$1,757	$1,264	$903	$1,550	$6,725
BLDG - CURR	$0	$0	$0	$0	$0	$0	$0
BLDG - FULLY DEP	$0	$0	$0	$0	$0	$0	$0

NURSING HOME MANAGERS
COST ALLOCATION
MARCH 2003

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	$0	$0	$0	$0	$0	$0	$1
SALARIES-ADMIN	$0	$2,367	$3,404	$2,494	$1,677	$2,906	$12,848
SALARIES-CLERIC	$0	$1,726	$2,482	$1,819	$1,223	$2,119	$9,370
SALARIES-ACTIV	$0	$0	$0	$0	$0	$0	$0
SALARIES-NURSE	$0	$432	$621	$455	$306	$530	$2,343
ACCOUNTING	$0	$159	$228	$167	$112	$195	$861
WORK COMP INS	$0	$29	$42	$31	$21	$36	$158
SUPPLIES	$0	$126	$182	$133	$90	$155	$686
TELEPHONE	$0	$126	$182	$133	$90	$155	$686
EMPL BENEFITS	$0	$699	$1,005	$737	$495	$858	$3,795
PAYROLL TAXES	$0	$385	$553	$405	$273	$472	$2,087
TRAVEL	$0	$60	$87	$64	$43	$74	$328
IN SERVICE	$0	$57	$82	$60	$40	$70	$310
MEDICAL CONSULT	$0	$0	$0	$0	$0	$0	$0
MACHINE RENTAL	$0	$46	$66	$49	$33	$57	$251
OWNERS COMP	$0	$152	$219	$160	$108	$187	$825
INS-PROP,LIAB,WC	$0	$19	$28	$20	$14	$24	$104
DEPRECIATION	$0	$116	$167	$122	$82	$143	$631
RENT	$0	$320	$461	$338	$227	$393	$1,739
MAINTENANCE	$0	$58	$83	$61	$41	$71	$313
FEES & PUBLIC	$0	$0	$0	$0	$0	$0	$0
ADVERTISING	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0
TOTAL	$0	$6,877	$9,891	$7,248	$4,874	$8,444	$37,335
FIXED ASSETS							
EQUIP - PRIOR	$0	$7,620	$10,959	$8,030	$5,400	$9,356	$41,365
EQUIP - CURR	$0	$3,273	$4,707	$3,449	$2,320	$4,019	$17,768
EQUIP - FULLY DEP	$0	$3,517	$5,058	$3,706	$2,493	$4,318	$19,092
BLDG - PRIOR	$0	$1,239	$1,782	$1,306	$878	$1,521	$6,725
BLDG - CURR	$0	$0	$0	$0	$0	$0	$0
BLDG - FULLY DEP	$0	$0	$0	$0	$0	$0	$0

NURSING HOME MANAGERS
COST ALLOCATION
APRIL 2003

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	$0	$0	$0	$0	$0	$0	$1
SALARIES-ADMIN	$0	$2,387	$3,303	$2,542	$1,725	$2,891	$12,848
SALARIES-CLERIC	$0	$1,741	$2,409	$1,854	$1,258	$2,108	$9,370
SALARIES-ACTIV	$0	$0	$0	$0	$0	$0	$0
SALARIES-NURSE	$0	$435	$602	$463	$315	$527	$2,343
ACCOUNTING	$0	$160	$221	$170	$116	$194	$861
WORK COMP INS	$0	$29	$41	$31	$21	$36	$158
SUPPLIES	$0	$127	$176	$136	$92	$154	$686
TELEPHONE	$0	$127	$176	$136	$92	$154	$686
EMPL BENEFITS	$0	$705	$975	$751	$510	$854	$3,795
PAYROLL TAXES	$0	$388	$537	$413	$280	$470	$2,087
TRAVEL	$0	$61	$84	$65	$44	$74	$328
IN SERVICE	$0	$58	$80	$61	$42	$70	$310
MEDICAL CONSULT	$0	$0	$0	$0	$0	$0	$0
MACHINE RENTAL	$0	$47	$65	$50	$34	$56	$251
OWNERS COMP	$0	$153	$212	$163	$111	$186	$825
INS-PROP,LIAB,WC	$0	$19	$27	$21	$14	$23	$104
DEPRECIATION	$0	$117	$162	$125	$85	$142	$631
RENT	$0	$323	$447	$344	$234	$391	$1,739
MAINTENANCE	$0	$58	$81	$62	$42	$71	$313
FEES & PUBLIC	$0	$0	$0	$0	$0	$0	$0
ADVERTISING	$0	$0	$0	$0	$0	$0	$0
	$0	$0	$0	$0	$0	$0	$0
TOTAL	$0	$6,937	$9,597	$7,387	$5,013	$8,400	$37,335
FIXED ASSETS							
EQUIP - PRIOR	$0	$7,686	$10,633	$8,184	$5,554	$9,307	$41,365
EQUIP - CURR	$0	$3,302	$4,567	$3,515	$2,386	$3,998	$17,768
EQUIP - FULLY DEP	$0	$3,548	$4,908	$3,777	$2,564	$4,296	$19,092
BLDG - PRIOR	$0	$1,250	$1,729	$1,331	$903	$1,513	$6,725
BLDG - CURR	$0	$0	$0	$0	$0	$0	$0
BLDG - FULLY DEP	$0	$0	$0	$0	$0	$0	$0

ADVERTISING	1	3	5	3	3	4	19
	0	0	0	0	0	0	0
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TOTAL	$1,606	$6,171	$8,656	$6,382	$5,278	$8,206	$36,300
	=======	=======	=======	=======	=======	=======	=======
FIXED ASSETS							
EQUIP - PRIOR	2,530	9,721	13,635	10,053	8,314	12,926	57,179
EQUIP - CURR	234	898	1,259	929	768	1,194	5,281
EQUIP - FULLY DEP	845	3,246	4,553	3,357	2,776	4,316	19,092
BLDG - PRIOR	298	1,143	1,604	1,182	978	1,520	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

ALLOCATION PERCENTAGES USED ON PAGE 28

MEADOW MANOR # 0011528 PAGE 28 05/01/02 TO 04/30/03 PAGE 28

OCCUPIED DAYS 2002	D'ADR	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	1,809	1,594	2,447	1,759		1,501	2,396	11,506
FEBRUAR	1,598	1,477	2,246	1,597		1,527	2,172	10,617
MARCH	1,773	1,610	2,506	1,661		1,698	2,330	11,578
APRIL	1,793	1,645	2,422	1,630		1,613	2,281	11,384
MAY	1,910	1,497	2,430	1,734		1,605	2,409	11,585
JUNE	1,795	1,498	2,306	1,758		1,517	2,340	11,214
JULY	1,682	1,617	2,358	1,758		1,622	2,367	11,404
AUGUST	1,573	1,566	2,471	1,801		1,454	2,331	11,196
SEPTEM	1,493	1,583	2,385	1,761		1,416	2,256	10,894
OCTOBER	1,503	1,740	2,498	1,924		1,570	2,368	11,603
NOVEMBE	1,397	1,761	2,509	1,877		1,521	2,286	11,351
DECEMBE	464	1,783	2,501	1,844		1,525	2,371	10,488
TOTAL	18,790	19,371	29,079	21,104	0	18,569	27,907	134,820
								134,820

OCCUPIED DAYS 2003	D'ADR	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY		1,766	2,534	1,785		1,407	2,244	9,736
FEBRUARY		1,613	2,267	1,630		1,165	2,000	8,675
MARCH		1,782	2,563	1,878		1,263	2,188	9,674
APRIL		1,745	2,414	1,858		1,261	2,113	9,391
MAY		1,733	2,544	1,839		1,305	2,248	9,669
JUNE		1,667	2,359	1,734		1,266	2,110	9,136
JULY		1,746	2,566	1,816		1,281	2,117	9,526
AUGUST		1,752	2,566	1,744		1,428	2,070	9,560
SEPTEM								0
OCTOBER								0
NOVEMBER								0
DECEMBER								0
TOTAL	0	13,804	19,813	14,284	0	10,376	17,090	75,367
								75,367

ALLOCATION PERCENTAGE 2002	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	15.72%	13.85%	21.27%	15.29%	13.05%	20.82%	100.00%
FEBRUARY	15.05%	13.91%	21.15%	15.04%	14.38%	20.46%	100.00%
MARCH	15.31%	13.91%	21.64%	14.35%	14.67%	20.12%	100.00%
APRIL	15.75%	14.45%	21.28%	14.32%	14.17%	20.04%	100.00%
MAY	16.49%	12.92%	20.98%	14.97%	13.85%	20.79%	100.00%
JUNE	16.01%	13.36%	20.56%	15.68%	13.53%	20.87%	100.00%
JULY	14.75%	14.18%	20.68%	15.42%	14.22%	20.76%	100.00%
AUGUST	14.05%	13.99%	22.07%	16.09%	12.99%	20.82%	100.00%
SEPTEMBER	13.70%	14.53%	21.89%	16.16%	13.00%	20.71%	100.00%
OCTOBER	12.95%	15.00%	21.53%	16.58%	13.53%	20.41%	100.00%
NOVEMBER	12.31%	15.51%	22.10%	16.54%	13.40%	20.14%	100.00%
DECEMBER	4.42%	17.00%	23.85%	17.58%	14.54%	22.61%	100.00%

ALLOCATION PERCENTAGE 2003	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	0.00%	18.14%	26.03%	18.33%	14.45%	23.05%	100.00%
FEBRUARY	0.00%	18.59%	26.13%	18.79%	13.43%	23.05%	100.00%
MARCH	0.00%	18.42%	26.49%	19.41%	13.06%	22.62%	100.00%
APRIL	0.00%	18.58%	25.71%	19.78%	13.43%	22.50%	100.00%
MAY	0.00%	17.92%	26.31%	19.02%	13.50%	23.25%	100.00%